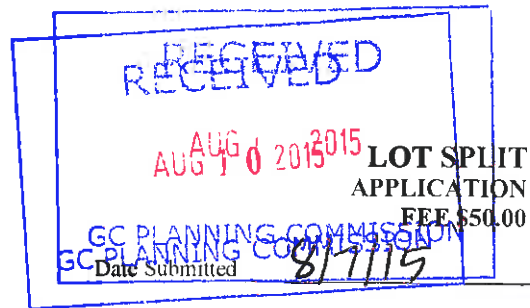




CITY OF GROVE CITY  
4035 Broadway  
Grove City, Ohio 43123  
(614) 277-3000  
Fax (614) 277-3011  
[www.ci.grove-city.oh.us](http://www.ci.grove-city.oh.us)



PROJECT INFORMATION		
PROJECT NAME <i>Broadway and Park lot Split</i>		
PROPERTY LOCATION <i>Corner of Broadway and Grove City Road</i>		
PARCEL TAX ID # <i>040-000045</i>		
EXISTING ZONING <i>CBD, Central Business District</i>		
PROPERTY OWNER (S) <i>The City of Grove City</i>		
MAILING ADDRESS <i>4035 Broadway, Grove City, OH 43123</i>		
DAYTIME TELEPHONE (614) <i>277-3000</i>	FAX NUMBER (614) <i>277-3011</i>	E-MAIL

APPLICANT/AGENT		
NAME OF APPLICANT <i>John Dodgion, EMH+T</i>		
MAILING ADDRESS <i>5500 New Albany Road, Columbus, OH 43054</i>		
DAYTIME TELEPHONE (614) <i>775-4105</i>	FAX NUMBER ( )	E-MAIL <i>jdodgion@emht.com</i>
DESIGNATED CONTACT PERSON <i>John Dodgion</i>		DAYTIME TELEPHONE (614) <i>775-4105</i>

I, \_\_\_\_\_, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. This request conforms to the requirements of Section 1135.08.

Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_  
*08/07/15*

Signature of Owner *John Dodgion*

Date \_\_\_\_\_

FOR OFFICE USE ONLY		
DATE RECEIVED	PAYMENT RECEIVED/AMOUNT	CHECK NUMBER
RECEIVED BY		DATE SCHEDULED FOR PLANNING COMMISSION
PROJECT ID #		PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____